Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					ication Number	10/579,8	339		
					g Date	1	3/7/2007		
For FY 2009					Named Inventor	Wilhelm	helmus H., J. Harmsen		
Applicant claims small entity status. See 37 CFR 1.27					niner Name	Carl J. Arbes			
**				Art U	[[] nit	3729			
TOTAL AMOUNT OF PAYMENT (\$) 130.00					Attorney Docket 3135 - 06145:				
METHOD OF PA	YMENT (check	all that apply)		**************************************	na promocina. To dos y deficios de commo el 1961 de promocina promocina p				
Check 🗸	Credit Card	Money Ord	er _	None	Other (please ide	entify):			
Deposit Acco	ount Deposit Ac	count Number:	23	3-0650	Deposit Accoun	t Name:			
For the a	bove-identified d	leposit account,	the Dire	ctor is hereby	authorized to: (cl	heck all that	apply)		
· ·	harge fee(s) indicate				Charge fee	e(s) indicated	l below, except for	r the filing fee	
	harge any addition nder 37 CFR 1.16		rpaymer	its of fee(s)	✓ Credit any	overpaymen	nts		
WARNING: Informati	ion on this form may	y become public. Cr	redit card	information sho	uld not be included or	n this form. P	rovide credit card		
information and author	rization on PTO-203	88.							
FEE CALCULAT	A Public to Land Strong Committee to the Authory of	This has been a state as a second or second or second	and the same of the same	NATIONAL STANDARD STANDS STANDARD STANDARD STANDARDS	be subject to a su	ircharge.)			
1. BASIC FILING		ND EXAMINA ' G FEES		EES RCH FEES	EXAMINA	TION FEE	1		
		Small Entity	SEA	Small Entity		mall Entity	,		
Application T	ype Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>F</u>	ees Paid (\$)	
Utility	330	82	540	270	220	110	***************************************	~	
Design	220	110	100	50	140	70	*******		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325		THE STREET STREET	
Provisional	220	110	0	0	0	0	·		
2. EXCESS CLA	IM FEES							Small Entit	
Fee Description							Fee (S		
Each claim over 20		•					52	26	
Each independent	-	luding Reissues))				220	110	
Multiple dependen Total Claims	- 20 or HP	Extra Claim		Foo (C)	For Boild (ft)		390	195	
Total Claims	- 20 OF HF	<u>Extra Ciaini</u>	<u>1S</u> X	<u>Fee (\$)</u>	Fee Paid (\$)		<u>Multip</u> Fee (le Dependent Cl	
HP = highest number	er of total claims pai	id for, if greater tha	n 20.				<u>ree (</u>	<u>S)</u> <u>Fee Paid</u>	
Indep. Claims	<u>-3 or HP</u>	Extra Claim		Fee (\$)	Fee Paid (\$)				
HP = highest number		=	X	=					
3. APPLICATIO	N SIZE FEE								
If the specific	ation and drawing	gs exceed 100 sl	heets of	paper (exclud	ing electronically	filed sequer	nce or computer l	istings under	
See 35 U.S	.52(e)), the applic S.C. 41(a)(1)(G)	and 37 CFR 1.1	ue is \$27 6(s).	12 TOT CELE) U	nall entity) for ea	en additiona	al 50 sheets or fra	ction thereof.	
Total Sheets	Extra Sl	<u>heets</u>	Numbe	r of each add	<u>itional 50 or frac</u>	tion thereo	f Fee (\$)	Fee Paid	
-	100 =	/ 50 =	······································	(round	i up to a whole num	nber)	х		
4. OTHER FEE(S	5)							Fees Paid	
-	Specification,	\$130 fee (no							
Other (e.g., 1	ate filing surchar	ge): one-month	Petition	for Extension	of Time			\$130.00	
SUBMITTED BY									
		1		Re	gistration No.			and the second comment of the second of the	
Cionatura	/ / / ·	, ,							
Signature Name (Print/Type	10	McIlvaine			ttorney/Agent)	34,219	Telephone	412-471-881	